

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/>	1. DATE OF INCIDENT 26-FEB-2012	TIME 11:02:00	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE 290	4. BEAT/OCCUR 1623	
	5. POSITION 9181	6. LAST NAME MC DERMOTT	7. FIRST NAME MICHAEL J	8. STAR NO. 9813	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 511	12. HT 185	
	14. DATE OF APPT 26-DEC-1989	15. EMPLOYEE NO. 016	16. UNIT & BEAT OF ASSIGNMENT 1652	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off <input type="checkbox"/> 01 Vac <input checked="" type="checkbox"/> 02 No	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B.	26. HT 508	27. WT 195	
	28. ADDRESS 60630	29. TELEPHONE NO.	30. WAS SUBJECT ARMED/FEET, HANDCUFFS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? OUR LADY OF RESURRECTION MEDICAL C	34. BY WHOM? DR. DORFMAN	35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	36. CHARGES PLACED	37. CR NO.	IR NO.	38. DNA	39. DNA	
	SUBJECT INFORMATION <input type="checkbox"/>	40. PASSIVE REGISTER		41. ACTIVE REGISTER		42. ASSAULT/ASSAULT		43. ASSAULT/BATTERY	
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	FLED <input type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
		OTHER INTOXICATED STATE <input type="checkbox"/>	OTHER ROLLED AROUND AND KI <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	OTHER <input type="checkbox"/>	
		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>			
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER <input type="checkbox"/>				
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>					
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>					
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Concert Blst.) <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>					
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>					
OC CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>						
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>						
44. REASON FOR USE OF FORCE (Check all that apply)				45. ADDITIONAL INFORMATION					
46. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		47. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)							
48. POSITION		49. STAR NO.		50. UNIT		51. ADDITIONAL INFORMATION			
52. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		53. POSITION		54. STAR NO.		55. UNIT			
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64. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		65. POSITION		66. STAR NO.		67. UNIT			
68. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		69. POSITION		70. STAR NO.		71. UNIT			
72. WEAPON DISCHARGE INCIDENT		73. POSITION		74. STAR NO.		75. UNIT			
76. CASE INFO.		77. POSITION		78. STAR NO.		79. UNIT			
80. SIGNATURES		81. POSITION		82. STAR NO.		83. UNIT			
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# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBERS USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

**75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE** DNA REFUSED UNABLE TO INTERVIEW (Specify Reason)

Subject [REDACTED] was not interviewed since he was removed to OLR Hospital after being tased, and subsequently hospitalized by E/R Dr. Dorfman at OLR Hospital for psychiatric evaluation.

**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

In essence, CFD members responded to subject [REDACTED]'s residence to offer aid to the "unresponsive" subject. Subject [REDACTED] became combative with responding paramedics and the 911 caller, his own wife. CFD then requested police assistance, to which Officers McDermott, Hofer, Elmer & Galiardo responded. Subject [REDACTED] lunged at the responding officers, forcing them to engage the subject physically. The struggle continued on the floor, with subject [REDACTED] kicking and punching at the officers, resulting in Officer McDermott tasing subject [REDACTED] in order to subdue him, and quell his attack. [REDACTED] was subsequently subdued and removed to OLR Hospital, where treated and admitted for psychiatric evaluation. The undersigned commends the officers involved for their quick response and their effective & efficient use of force to subdue a combative subject who was intent upon inflicting pain and injury to any/all persons he encountered. The mandatory CL # 1052133 was obtained for the taser deployment, as required by Department directives.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./RNC# [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)  
**KOHNNEN, ROBERT N**

SIGNATURE

DATE COMPLETED TIME  
**26-FEB-2012 14:40:33**

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input checked="" type="checkbox"/> TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(BB)	<input checked="" type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> CR INITIATION REPORT	80. TOTAL TRRs THIS EVENT NO <b>2</b>

## CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MC DERMOTT, MICHAEL J		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR <b>ADDRESS OF OCCURRENCE</b> <span style="background-color: black; color: black;">REDACTED</span>	
STAR NO. 8813	POSITION POLICE OFFICER	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago) <input type="checkbox"/>
DATE OF APPOINTMENT 26-DEC-1989	EMPLOYEE NO. <span style="background-color: black; color: black;">REDACTED</span>	LOCATION CODE 290-RESIDENCE	BEAT OF OCCURRENCE 1623
UNIT OF ASSIGNMENT 016	BEAT/CALL NO. 1652	DATE OF OCCURRENCE 26-FEB-2012	TIME 11:02:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DAY OF WEEK SUNDAY	NO. OF OFFICERS BATTERED 1
HEIGHT 5'11	WEIGHT 185	WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <span style="background-color: black; color: black;">REDACTED</span>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.B. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		<b>WORKING:</b> <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5  <b>PATROL TYPE:</b> <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input checked="" type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____      IUCR CODE _____		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <input checked="" type="checkbox"/> D. HAND/FISTS <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> E. FEET <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY) _____	
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____      ORIGINAL IUCR CODE _____		<b>FIREARM USE INFORMATION</b> (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE HISPANIC	DOB 28-AUG-1965	CB NO. _____      IR NO. _____
K. OTHER			
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <span style="background-color: black; color: black;">REDACTED</span>	
LIGHTING CONDITIONS AT INCIDENT			
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input type="checkbox"/> 2. GOOD		<b>WEATHER CONDITIONS</b> <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <span style="background-color: black; color: black;">REDACTED</span> °F			

REPORTING MEMBER - SIGNATURE  
MC DERMOTT, MICHAEL J

STAR NO.  
0813

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
KOHNEN, ROBERT N 511

CPD-11.451 (REV. 1/04)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT 26-FEB-2012	TIME 11:05:00	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE 290	4. BEA/MCCUR 1623			
	5. POSITION 9161	6. LAST NAME HOFER	7. FIRST NAME ROBERT L.	8. STAR NO 3860	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT 510
SUBJECT INFORMATION	14. DATE OF APPT 09-MAR-1987	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 016 1624	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. MJ. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE WWH	25. D.O.B. [REDACTED]	26. HT. 508	27. WT 195
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 80830	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 06 Refused Medical Aid					
SUBJECT'S ACTIONS <input type="checkbox"/> DNA	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	38. CR NO. [REDACTED]	39. DNA				
	40. PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STUFFED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	41. ACTIVE RESISTER FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____	42. ASSAULT/ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	43. ASSAULT/BATTERY ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	44. ASSAULT/DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE <input type="checkbox"/> DNA	45. MEMBER PRESENCE VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRIST/LOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	46. OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Squat) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	47. ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	48. KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	49. FIREARM <input type="checkbox"/> OTHER _____			
	50. OC CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	51. ADDITIONAL INFORMATION						
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	52. POSITION [REDACTED]	53. STAR NO. [REDACTED]	54. UNIT [REDACTED]	55. 41. WEAPON TYPE <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER	56. 42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	57. 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	58. 44. WEATHER CONDITIONS <input type="checkbox"/> CLEAR	
	59. 45. MAKE/MANUFACTURER [REDACTED]	60. 46. MODEL [REDACTED]	61. 47. BARREL LENGTH [REDACTED]	62. 48. CALIBER/GAUGE [REDACTED]				
63. 49. TASER DART ID NO [REDACTED]	50. 50. WEAPON SERIAL NO. (Include Last 4) [REDACTED]	51. 51. CHICAGO GUN REG. NO. [REDACTED]	52. 52. IL FIREARM OWNER ID. NO. [REDACTED]	53. 53. HANDGUN CERTIFICATE NO. [REDACTED]				
64. 54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	65. 55. PROPERTY INVENTORY NO. [REDACTED]	66. 56. TYPE OF AMMUNITION USED [REDACTED]	67. 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 0	68. 58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]				
69. 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	70. 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	71. 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	72. 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)	73. 63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YEB <input type="checkbox"/> 02 NO				
74. 64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	75. 65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	76. 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	77. 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT <input type="checkbox"/> 02 6 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT	78. 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	79. 69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
80. 70. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	81. 71. OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.	82. 72. CASE INFO.	83. 73. REPORTING MEMBER (Print Name) HOFER, ROBERT L 26-FEB-2012 12:54:33	84. 74. STAR/EMPLOYEE NO. 3860	85. 75. SIGNATURE [REDACTED]			
86. 76. SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.	87. 77. REVIEWING SUPERVISOR (Print Name) SCHERER, KARL J	88. 78. STAR NO. 1331	89. 79. SIGNATURE [REDACTED]	90. 80. DATE REVIEWED 26-FEB-2012 13:20:14	91. 81. DATE REVIEWED 26-FEB-2012 17:23			

# WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADIS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LEEBER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2

## 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject [REDACTED] was not interviewed since he was removed to OLR Hospital after being tased, and subsequently hospitalized by E/R Dr. Dorfman at OLR Hospital for psychiatric evaluation.

## 76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

In essence, CFD members responded to subject [REDACTED] residence to offer aid to the "unresponsive" subject. Subject [REDACTED] became combative with responding paramedics and the 911 caller, his own wife. CFD then requested police assistance, to which Officers McDermott, Hofer, Elmer & Galardo responded. Subject [REDACTED] then lunged at the responding officers, forcing them to engage the subject physically. The struggle continued on the floor, with subject [REDACTED] kicking and punching at the officers, resulting in Officer McDermott tasing subject [REDACTED] in order to subdue him, and quell his attack. Subject [REDACTED] was subsequently subdued and removed to OLR Hospital, where treated and admitted for psychiatric evaluation. The undersigned commends the officers involved for their quick response and their effective & efficient use of force to subdue a combative subject who was intent upon inflicting pain and injury to any/all persons he encountered. The mandatory CL # 1052133 was obtained for the taser deployment, as required by Department directives.

## 77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./INDN. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)  
KOHNEN, ROBERT N

SIGNATURE

DATE COMPLETED TIME  
28-FEB-2012 14:41:49

## 79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF	<input type="checkbox"/> SUPPLEMENTARY REPORT <input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input checked="" type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> CR INITIATION REPORT <input checked="" type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	80. TOTAL TRR's THIS EVENT No. 2
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